

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/2	Ending Date: 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2
Type of Report: (Check one)	± 2 CIV
	30 day after election year-end report adissolution
	25 <b>2</b> 2 <b>2</b> 5 <b>2</b> 5 <b>2</b> 5 <b>2</b> 5 <b>2</b> 5 <b>2</b> 5 <b>2</b>
Candidate Full Name (if applicable)	Committee Name
BoArt of Selectman Office Sought and District	Name of Committee Treasurer
32 Connie Dr Foxboro MA 02035	
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 2, line 11)	1734.35
Line 3: Subtotal (line 1 plus line 2)	1734.35
Line 4: Total expenditures this period (page 3, line	(14) 1734, 35
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page	ge 4)
Line 7: Total (all) outstanding liabilities (page 4)	
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of perjury:	in-kind contributions and liabilities for this reporting period and represents the
The state of the s	<del></del> `

#### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address  Occupation & Employer					
Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)		
1 / 1 %	David Flecturan	THE STATE OF THE S	U. P. Roul Estate		
4/2/14	32 Connie Dr Forlow	757.04	Wiogate Healthcare		
	DOVID PERDMON		V. & Real Estate		
4/3/14	11	1527.6	U.4 Kdal Estade		
Nol 4	32 COMMIL Dr FEDBURD	152.74			
	David Feldman				
4/4/14	32 Cannic Dr Follow WIA	84.77			
	David Fill Dran		Vil Real Estate		
4/17/14	32 Connic De Forboro MA 02035	739.80	Vit Real Estate Wirgade I teal thank		
	- 1	With the second			
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	The state of the s				
		777			
1					
Line 9: Total Recei	pts over \$50 (or listed above)	1734.35			
Line 10: Total Rece	ipts \$50 and under* (not listed above)	1			
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	1734.35	← Enter on page 1, line 2		
70 1 1 1					

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/2/14	Graphic Images	75 WAShing AGN ST PLOTENTY	laun signs	757.04
4/3/14	Graphic Images	75 NAShigton ST Plainville MA 02762	lawn Stakes	152.74
4/4/14	Home Depot	Normad, MA 02062	Son Shapping	84.77
4/17/14	Foxboio Reporter	34 South Main ST Addleboro, MA 02713	1/2 Page Ad	739-80
		Line 12: Total Expenditures over	er \$50 (or listed above)	1734.35
		Line 13: Total Expenditures \$50	and under* (not listed above)	
		Line 14: TOTAL EXPENDITE include them in line 12. Line 13 sh		1734.35

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	<b>Description of Contribution</b>	Value
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				<del>такоопт-чинески поставани со</del>
	To the control of the	:		
		Andreas Albertain Control of the Con		
contributes more than	ution is received from a person who \$50 in a calendar year, you must report of the contributor; in addition, if the	Line 15: In-Kind Contribution	s over \$50 (or listed above)	
	r more, you must also report the	Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	****

### **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

ate Incurred	To Whom Due	Address	Purpose	Amount
	төдө төдөө байда байд	<u>เมาะสะเหมียะสุดเหมือนกุลเกละสุดเพล่งให้เกิดให้ก่อให้ก่อให้ค่อให้คือสิ่น</u> ก็สิ่น		P-001VIO-227VIVO-30MINO-3VIVI/220MILEEN
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